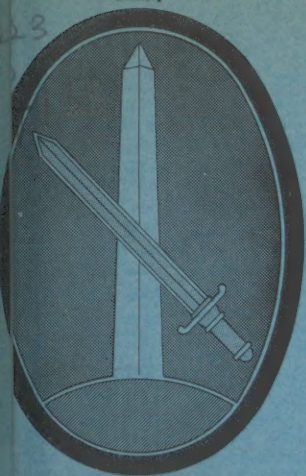


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MONTHLY HEALTH REPORT



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VOL 1 NO 7

MILITARY DISTRICT OF WASHINGTON

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MONTHLY HEALTH REPORT

INTRODUCTION

THIS DOCUMENT CONTAINS INFORMATION AFFECTING THE NATIONAL DEFENSE OF THE UNITED STATES WITHIN THE MEANING OF THE ESPIONAGE ACT, 50 U.S.C., 31 AND 32 AS AMENDED. ITS TRANSMISSION OR THE REVELATION OF ITS CONTENTS IN ANY MANNER TO AN UNAUTHORIZED PERSON IS PROHIBITED BY LAW.

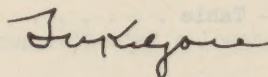
HEADQUARTERS, MILITARY DISTRICT OF WASHINGTON
The Pentagon, Washington 25, D. C.

INTRODUCTION

This publication presents periodic health data concerning personnel of the Department of the Army and Department of the Air Force personnel in the Military District of Washington. It provides factual information for measurement of increase or decrease in the frequency of disease and injury occurring at each of the posts, camps or stations shown herein.

It is published monthly by the Military District of Washington for the purpose of conveying to personnel in the field current information on the health of the various military installations in this area and on matters of administrative and technical interest.

Contributions, as well as suggested topics for discussion, are solicited from Medical Department officers in the field.



FLOYD V. KILGORE
Colonel, MC
Surgeon

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PREVENTIVE MEDICINE

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GENERAL COMMENT

The general health of the troops of the Military District of Washington has remained at a satisfactory level. The non-effective rate of 13.21 for November remained unchanged from that reported in October.

Unless otherwise indicated, references to diseases and injuries in this publication apply to all Class I and II installations exclusive of Walter Reed General Hospital. Rates are calculated on the basis of a thousand mean strength per year.

In consideration of the present mode of operation of the Army Medical Department whereby Army and/or Air Force personnel may be receiving medical treatment at either type department installation, differential health statistics for the Air Force and Army should be evaluated as an overall index of the medical sections of the reporting unit.

The rate of 312.9 for November represents a drop in admissions for all causes of 28.8 points from the 341.7 rate of the previous report. A comparison of total cases does not reflect a true picture of the improvement since 639 admissions were reported during the 5 week period ending 29 October and 463 during the current 4 week period ending 26 Nov. 48. A decrease in admissions is noted for all stations except Fort Myer (South Post). The rate for that station rose from 169.3 to 258.9 for this month. Fort Belvoir continued to show a decrease with a rate of 261.0 for November compared with 280.9 for the preceeding period. A zero rate was reported by the Washington QM Depot.

With the exception of the General Dispensary and Fort Myer (South Post) all units had a reduced rate for injury admissions. A total of 66 injury cases for a rate of 44.6 were reported for an overall MDW decrease from 48.7 in October. The General Dispensary reported 8 admissions in November as compared with 4 in the past period and Fort Myer increased from 3 admissions in October to 4 in the current month.

Incidence of psychiatric diseases dropped to a rate of 2.7 for 4 cases from the previous rate of 6.9 for 13 cases.

Two deaths were reported by the Station Hospital, Fort Myer during the month. One resulted from injury and one from disease.

COMMUNICABLE DISEASE

Rates for diseases of the respiratory group reflected a lowered incidence in the area for the month.

A total of 3 cases of pneumonia were reported for a rate of 2.0 as compared with 9 cases and a rate of 4.8 in the preceeding period. Of the total, 2 cases were Pneumonia Atypical.

The rate of 4.1 for 6 cases of Influenza during the period is 1.2 points lower than the previously reported rate.

The incidence of common respiratory disease has decreased to a rate of 51.4 after rising to 79.1 in October.

One case of hepatitis was reported during the month for a rate of 0.7 as compared with 4 cases and a rate of 2.1 last period.

No cases of poliomyelitis were reported during the period among troops in MDW.

Admissions for mumps increased during the month. A total of 9 cases for a rate of 6.1 more than doubled the rate of 2.1 and 4 cases in the last report.

Measles, rheumatic fever, tuberculosis, diarrhea and other communicable diseases reflected little or no change.

* * * * *

Pertinent Statistical tables may be found on pages 2 and 4.

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GENERAL DATA
4 Week period Ending 26 November 48
(Data from WD AGO Form 8-122)

STATION	MEAN STRENGTH			ADMISSIONS						Non-Effective Rate	Number of CDD's	Number of Deaths
	Total	White	Negro	All Causes		Disease		Injuries				
				Cases	Rates	Cases	Rates	Cases	Rates			
Arlington Hall	784	784	0	22	364.8	22	364.8	0	0	1.59	0	0
Fort Belvoir	7,472	6,542	930	150	261.0	129	224.4	21	36.6	23.29	2	0
Fort McNair	866	776	90	24	360.3	23	345.3	1	15.0	2.56	0	0
Fort Myer (North Post)	1,827	1,661	166	137	974.8	114	811.2	23	163.6	35.79	0	2
Fort Myer (South Post)	1,858	1,858	0	37	258.9	33	230.9	4	28.0	0.46	0	0
General Dispensary, USA	5,566	5,535	31	64	149.5	56	130.8	8	18.7	1.48	0	0
Vint Hill Farms	846	846	0	29	445.6	20	307.3	9	138.3	2.45	0	0
Washington QM Depot	14	14	0	0	0	0	0	0	0	0	0	0
Total Mil Dist of Wash	19,233	18,016	1,217	463	312.9	397	268.3	66	44.6	13.21	2	2
Army Medical Center	2,534	2,235	299	132	677.2	118	605.4	14	71.8	470.49	77	4
Total Dept/Army Units	21,767	20,251	1,516	595	355.4	515	307.6	80	47.0	66.44	79	6
CLASS III UNITS												
Andrews Air Force Base	2,689	2,687	2	59	285.2	47	227.2	12	58.0	3.71	0	2
Bolling Air Force Base	5,461	5,411	50	145	345.2	126	299.9	19	45.2	9.48	0	2
Wash Nat'l Airport	1,669	1,669	0	18	140.2	16	124.6	2	15.6	0.64	0	0
Total Dept/Air Force Units	9,819	9,767	52	222	294.0	189	250.3	33	43.7	6.40	0	4
Consolidated Total	31,586	30,018	1,568	817	336.3	704	289.8	113	46.5	47.78	79	10

ADMISSIONS, SPECIFIED DISEASES - RATE PER 1000 PER YEAR
4 Week Period Ending 26 November 1948
(Data From WD AGO Form 8-122)

STATION	Common Respiratory Diseases	Pneumonia All Types	Pneumonia Atypical	Influenza	Measles	Mumps	Scarlet Fever	Tuberculosis	Rheumatic Fever	Diar-rheal Disease	Hepatitis	Malaria	Psychiatric Diseases
Arlington Hall	82.9	-	-	-	-	-	-	-	-	-	-	-	-
Fort Belvoir	22.6	5.2	5.2	-	1.7	13.9	-	1.7	1.7	-	1.7	-	7.0
Fort McNair	75.1	-	-	-	-	15.0	-	-	-	15.0	-	-	-
Fort Myer (North Post)	120.9	-	-	28.5	-	-	-	-	-	-	-	-	-
Fort Myer (South Post)	-	-	-	-	-	-	-	-	-	-	-	7.0	-
General Dispensary, USA	49.1	-	-	2.3	-	-	-	-	-	-	-	4.7	-
Vint Hill Farms	230.5	-	-	15.4	-	-	-	-	-	-	-	-	-
Washington QM Depot	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Mil Dist of Wash	51.4	2.0	1.4	4.1	0.7	6.1	-	0.7	0.7	0.7	0.7	2.0	2.7
Army Medical Center	30.8	10.3	5.1	-	-	-	-	5.1	-	-	-	-	256.5
Total Dept/Army Units	49.0	3.0	1.8	3.6	0.6	5.4	-	1.2	0.6	0.6	0.6	1.8	32.3
CLASS III UNITS													
Andrews Air Force Base	43.5	-	-	-	-	-	-	-	-	-	-	4.8	-
Bolling Air Force Base	11.9	2.4	2.4	14.3	-	-	-	-	-	16.7	4.8	4.8	11.9
Wash Nat'l Airport	31.2	-	-	-	-	-	-	-	-	-	-	-	-
Total Dept/Air Force Units	23.8	1.3	1.3	7.9	-	-	-	-	-	9.3	2.6	4.0	6.6
Consolidated Total	41.2	2.5	1.6	4.9	0.4	3.7	-	0.8	0.4	3.3	1.2	2.5	24.3

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VENEREAL DISEASE: ARMY TROOPS

The Venereal Disease rate for Army personnel in Class I and II installations in the area has reflected an increase after reaching the lowest rate for the year in the last report. A total of 33 cases were reported of which 12 occurred among Negro and 21 among white troops. The total rate for the period was 19.71 as compared with 13.71 for the previous period. The continued reduction in the rate at Fort Belvoir from 22.74 in October to the present 19.14 indicates that commendable attention is being given to the problems of control. There has been a continuous decrease at this station for the last 3 report periods.

The General Dispensary reported no admissions during the period. Fort McNair and Fort Myer (South Post) reported 3 and 6 cases respectively, with the annual admission rate for the former being 45.03 and for the latter 41.98.

The incidence among Negro personnel has shown a gratifying downward course from a high rate of 248.36 in August. The rate for the current period is 85.46. The rate for cases incurred by white troops indicates a rise in VD incidence in that group with 21 cases for the 4 week period and a resultant rate of 13.48.

VENEREAL DISEASE: AIR FORCE TROOPS

Venereal disease among personnel in Air Force Units in the area also increased with a rate of 19.86 compared with 17.40 for October. The white rate for 14 cases was 18.64. The Negro rate 250.00 for 1 case, since it is based on a strength of 52 is not a reliable gauge for comparison. Likewise the 6500.00 rate reported for Negro personnel at Andrews Air Force Base must be considered in the same light, since only 2 Negro soldiers are assigned to that station.

Pertinent statistical tables and charts may be found on pages 4, 5, 6, and 7.

The term "Chargeable Cases" as used in this report refers to those occurring among individuals assigned or attached to the reporting station at the time of the diagnosis.

NEW VENEREAL DISEASE CASES - EXCL EPTS - NOVEMBER AND OCTOBER**

	Rate per 1000 per year	
STATION	NOVEMBER 48	OCTOBER 48
Arlington Hall Station	16.58	-
Fort Belvoir	19.14	22.74
Fort McNair	45.03	-
Fort Myer (North Post)	21.35	11.63
Fort Myer (South Post)	41.98	15.87
General Dispensary, USA	-	1.88
Vint Hill Farms Station	15.37	-
Washington QM Depot	-	-
Total Mil Dist Wash Units	16.90	12.30
Army Medical Center	41.04	24.44
Total Dept/Army Units, Mil Dist of Washington	19.71	13.71
CLASS III UNITS		
Andrews Air Force Base	14.50	6.23
Bolling Air Force Base	24.81	25.80
Washington Nat'l Airport	15.58	13.15
Total Class III Units	19.86	17.40
CONSOLIDATED TOTAL	19.76	14.87

** Includes all cases reported on Statistical Health Reports WD AGO Form 8-122.

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CHART 1

ADMISSION RATES BY MONTH, ALL CAUSES, COMMON RESPIRATORY DISEASE AND INJURIES
MDW RATES PER 1000 TROOPS PER YEAR

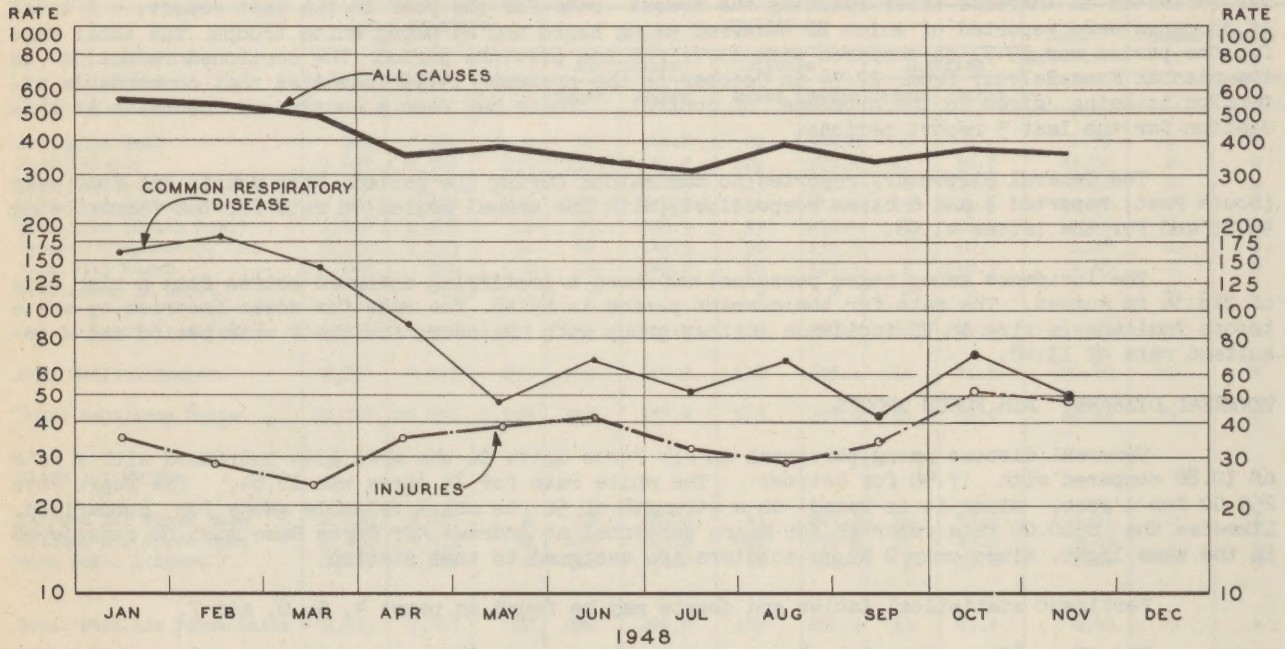
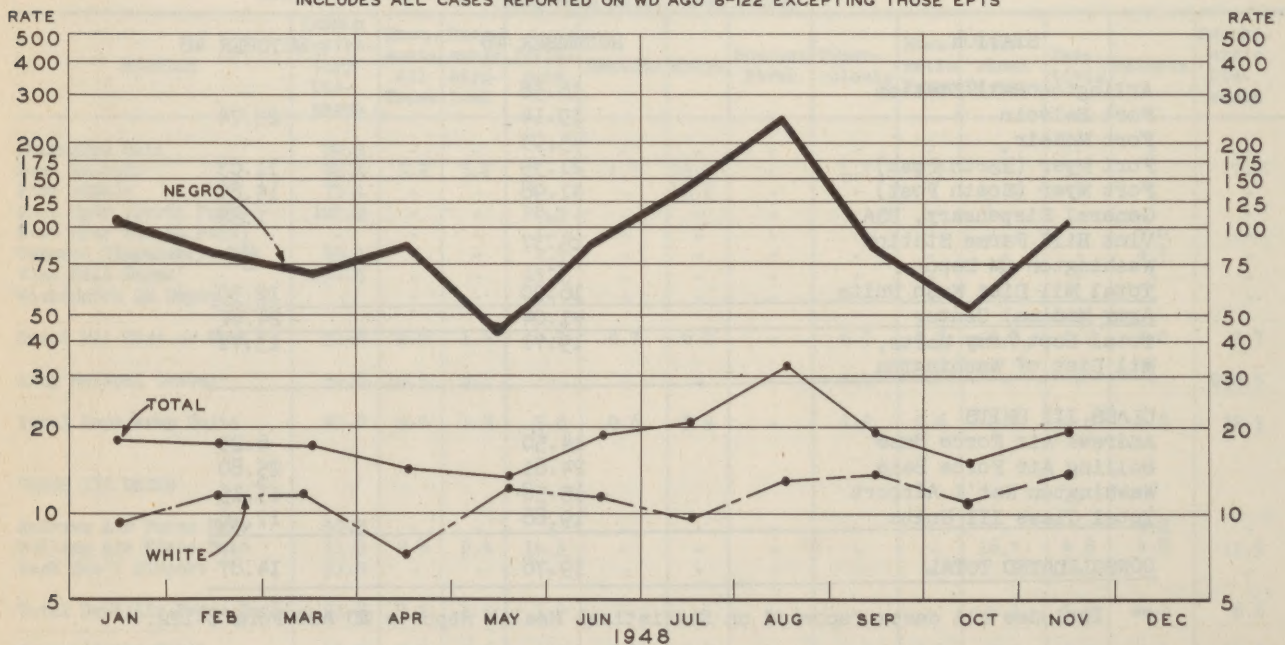


CHART 2

ADMISSION RATES BY MONTH, VENEREAL DISEASES, MIL. DIST. OF WASH. 1948

RATES PER 1000 TROOPS PER YEAR

INCLUDES ALL CASES REPORTED ON WD AGO 8-122 EXCEPTING THOSE EPTS



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CONSOLIDATED MONTHLY VENEREAL DISEASE STATISTICAL REPORT For the Four Week Period Ending 26 November 1948 (Data from WD AGO 8-122) (Chargeable Cases)

STATION	R A C E	Mean Strength	Number of Cases-EPTS Not Included				Rate per 1000 Troops Per Annum	Total Days Lost From Duty (Old & New Cases)
			Syphilis	Gonorrhea	Other	Total		
Arlington Hall Station	W	784	0	1	0	1	16.58	0
	N	0	0	0	0	0	-	0
	T	784	0	1	0	1	16.58	0
Fort Belvoir	W	6542	1	4	0	5	9.94	21
	N	930	0	6	0	6	83.87	4
	T	7472	1	10	0	11	19.14	25
Fort McNair	W	776	0	2	0	2	33.51	0
	N	90	0	1	0	1	144.44	0
	T	866	0	3	0	3	45.03	0
Fort Myer (North Post)	W	1661	1	1	0	2	15.63	15
	N	166	0	1	0	1	78.31	0
	T	1827	1	2	0	3	21.35	15
Fort Myer (South Post)	W	1858	0	6	0	6	41.98	0
	N	0	0	0	0	0	-	0
	T	1858	0	6	0	6	41.98	0
General Dispensary, USA	W	5535	0	0	0	0	-	0
	N	31	0	0	0	0	-	0
	T	5566	0	0	0	0	-	0
Vint Hill Farms Station	W	846	0	1	0	1	15.37	0
	N	0	0	0	0	0	-	0
	T	846	0	1	0	1	15.37	0
Washington QM Depot	W	14	0	0	0	0	-	0
	N	0	0	0	0	0	-	0
	T	14	0	0	0	0	-	0
Total Mil Dist of Wash	W	18016	2	15	0	17	12.27	36
	N	1217	0	8	0	8	85.46	4
	T	19233	2	23	0	25	16.90	40
Army Medical Center	W	2235	2	2	0	4	23.27	359
	N	299	1	3	0	4	173.91	432
	T	2534	3	5	0	8	41.04	791
Total Dept/Army Units	W	20251	4	17	0	21	13.48	395
	N	1516	1	11	0	12	102.90	436
	T	21767	5	28	0	33	19.71	831
CLASS III UNITS Andrews Air Force Base	W	2687	0	2	0	2	9.68	0
	N	2	0	1	0	1	6500.00	2
	T	2689	0	3	0	3	14.50	2
Bolling Air Force Base	W	5411	2	8	0	10	24.03	48
	N	50	0	0	0	0	-	0
	T	5461	2	8	0	10	23.81	48
Wash Nat'l Airport	W	1669	0	2	0	2	15.58	0
	N	0	0	0	0	0	-	0
	T	1669	0	2	0	2	15.58	0
Total Dept/Air Force Units	W	9766	2	12	0	14	18.64	48
	N	52	0	1	0	1	250.00	2
	T	9818	2	13	0	15	19.86	50
Consolidated Total	W	30018	6	29	0	35	15.16	443
	N	1568	1	12	0	13	107.80	438
	T	31586	7	41	0	48	19.76	881

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VENEREAL DISEASE RATES FOR THE US *

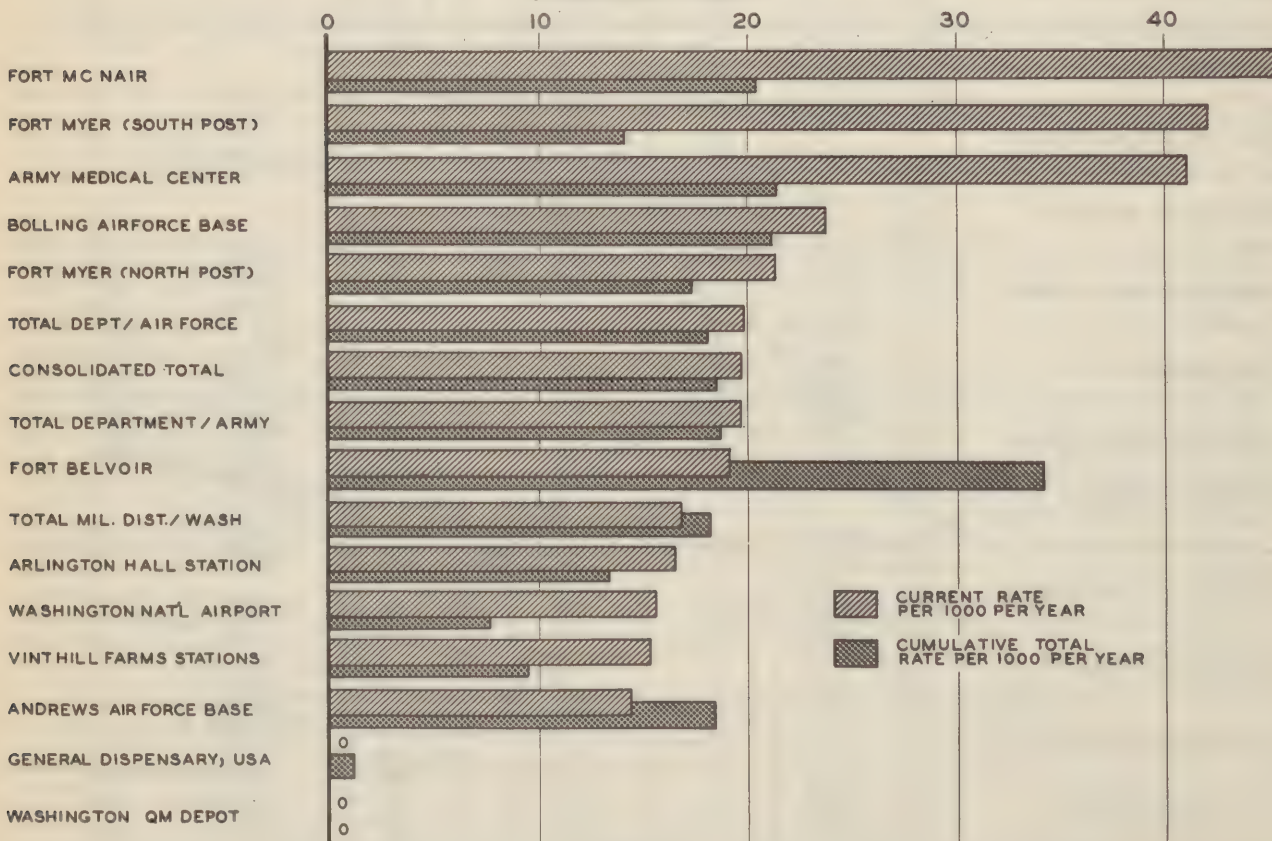
(All Army Troops)

	NOVEMBER 48	OCTOBER 48
First Army Area	33	32
Second Army Area	28	27
Mil District of Washington	20	15
Third Army Area	32	35
Fourth Army Area	23	23
Fifth Army Area	19	25
Sixth Army Area	26	29

Total United States	27	28
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* Compiled on the Office of the Surgeon General and include General Hospitals and Class III installations.

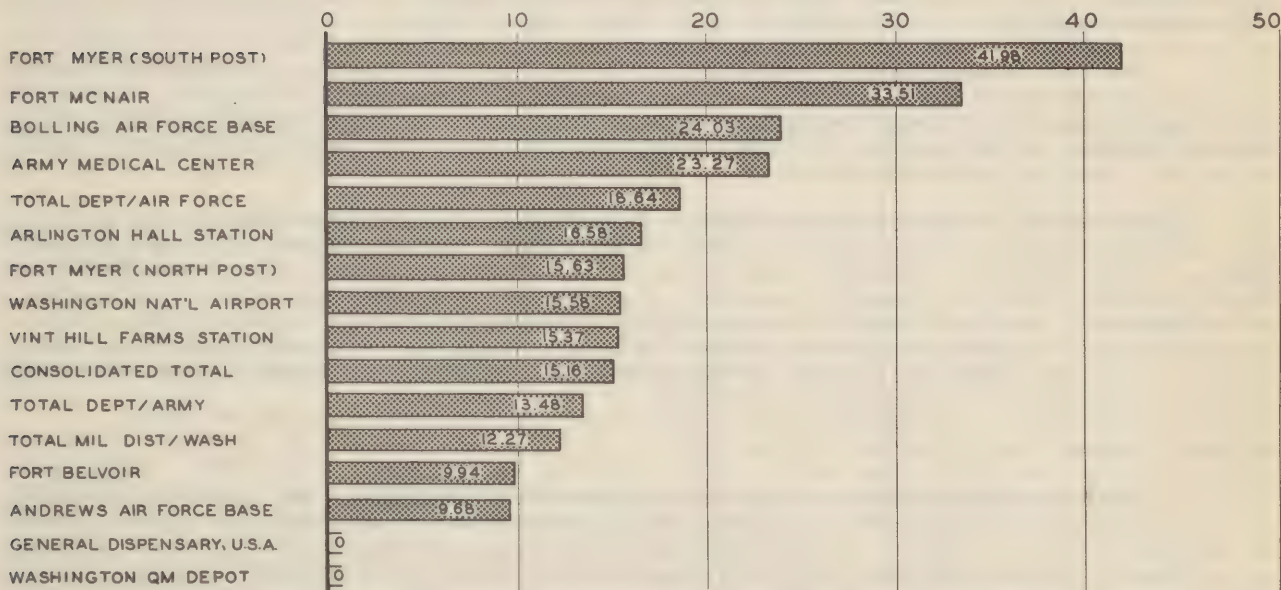
VENEREAL DISEASE RATES PER 1000 PER YEAR FOUR WEEK & CUMULATIVE TOTALS ENDING 26 NOVEMBER 1948 TOTAL WHITE & NEGRO PERSONNEL (CHARGEABLE CASES)



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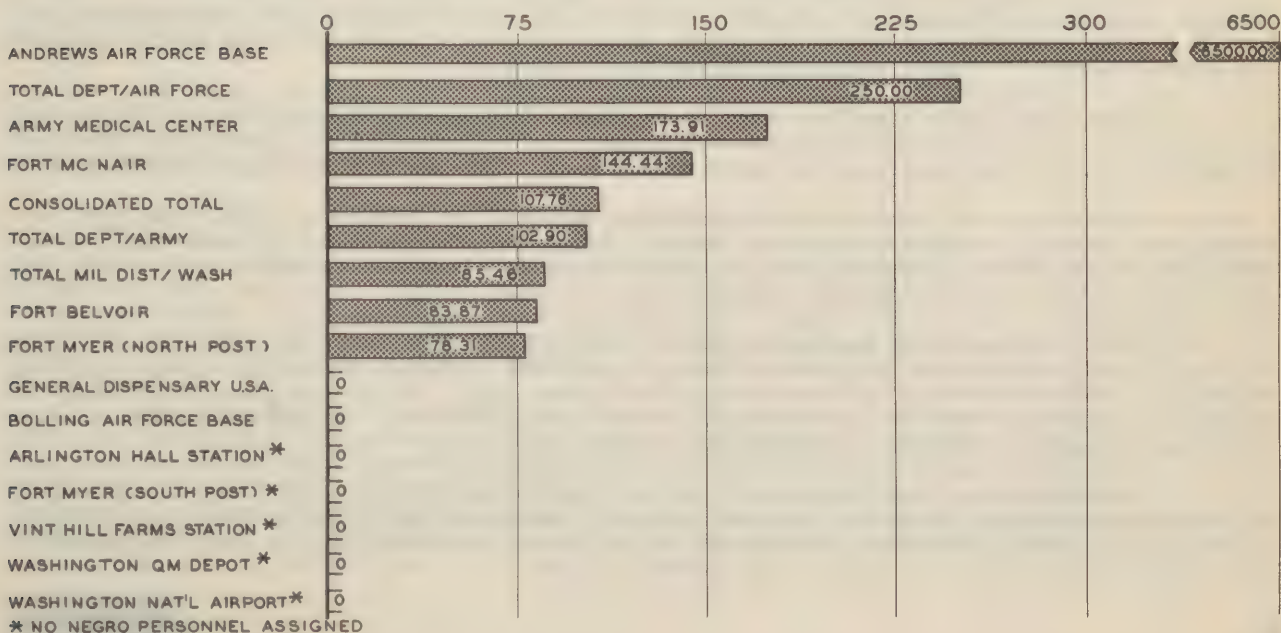
VENEREAL DISEASE RATE PER 1000 TROOPS PER YEAR 4 WEEK PERIOD ENDING 26 NOVEMBER 48

WHITE PERSONNEL (CHARGEABLE CASES)



VENEREAL DISEASE RATE PER 1000 TROOPS PER YEAR 4 WEEK PERIOD ENDING 26 NOVEMBER 48

NEGRO PERSONNEL (CHARGEABLE CASES)



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MAINTENANCE OF PHYSICAL FITNESS

The maintenance of physical fitness is largely a personal responsibility and each individual has a definite obligation to maintain himself in good physical condition in order that he may perform his duty in an efficient manner. Without individual adherence to the common sense measures of prevention, disease and disability may become a time and energy consuming obstacle to personal and organizational aims.

Staff and command in their responsibility of recommending, directing and control of health practices can administer high standards of physical fitness within certain limitations. Success in achieving and maintaining these standards, however, rests with each individual in his practice of personal hygiene, in his getting sufficient rest, in consumption of a well balanced diet, and in taking sufficient and proper exercise.

The Medical Department provides excellent hospitalization and other medical attention to take corrective measures necessary to maintain high standards of health among military personnel. These services, however, lose much of their value if individuals do not take early advantage of them when a disabling defect or disease is suspected or discovered. A further responsibility, therefore, of each member of the Armed Forces is to seek timely medical advice and aid if he has reason to believe that he is developing a sickness or other disability which will eventually impair his health and his ability to perform his duties. Prompt medical attention can remedy many defects when they are treated during the early stages of development.

HOUSING OF TROOPS

Among the many considerations of military preventive medicine is the proper illumination of working and living space in use by personnel of the Armed Forces. Although poor lighting is not an immediate source of disease, it has an indirect influence upon the health and physical well being of the troops. Proper lighting helps avoid impairment of vision, and eliminates the depressing effect which may influence the morale of the personnel who use poorly lighted squad rooms, recreation rooms, mess halls and other facilities.

Considerations for lighting are influenced by the particular use of each area. Work areas should, as a general rule, be more brightly lighted than living quarters. Intensity of illumination is dependent on the reflecting ability of the walls and ceiling of the rooms and on the brightness of the source of light.

Where sufficient window space is provided, daylight is perhaps the best form of light, since it is greatly diffused and consequently there is less glare, however, it is most often necessary to utilize artificial illumination. Three general methods of installation are used in providing interior lighting; direct, semi-indirect and total indirect.

Direct light is provided by a bare or top-shaded light source wherein the rays fall directly upon the object to be illuminated. This arrangement is satisfactory in places used for short periods of time, but the high resultant glare makes it unsuitable for reading rooms and offices.

Semi-indirect illumination is provided by deflecting the greater portion of the light rays toward a reflecting surface (ceiling and walls), thereby providing a more diffused light. Much less glare exists with this type lighting. Efficiency of this method is greatly dependent upon the reflecting ability of the ceiling and wall surfaces.

Totally indirect lighting is the best type of illumination from the standpoint of glare elimination. since all of the light from a source is directed toward a reflecting surface (ceiling and walls), producing a highly diffused, evenly distributed light. It has the great disadvantage of being wholly dependent upon the efficiency of the reflecting surfaces. Much light is lost through absorption by dirty or improperly surfaced ceilings and walls.

Semi-indirect or totally indirect lighting should always be used in libraries, recreation rooms containing reading tables and offices. Direct illumination may be used without serious glare effect in squad rooms, gymnasiums, storerooms and hallways, providing that the lamps are placed at sufficient elevation above eye level or are properly shaded.

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THE SEASONAL IMPORTANCE OF ALLERGIC DISEASE

In the past 20 years the field of allergy has gained such popularity that it is now a household word. Its significance, however, is poorly understood by the laity as well as by a large part of the medical profession. Evidence of this fact is the frequently heard statement in reference to conditions of unknown etiology, "Perhaps it's an allergy". The term allergy refers to a specific change in reaction on exposure to an antigen, and embraces all types of hypersensitiveness. The purpose of this paper is to discuss the relationship of proven and common allergic conditions to seasons of the year.

The incidence of allergic skin disease, excepting plant dermatitis, rarely varies seasonally. Plant dermatitis is more common from contact with sap in the leaves but may occur in the winter also, as the larger vines and branches usually contain sap the year round.

The following remarks will be confined to allergic rhinitis (hay fever) and asthma. Any inhalant may be a cause of allergic rhinitis and asthma. Only the common seasonal inhalants are considered here.

The pollens are the major cause of disability due to allergic rhinitis. They play a less important role in asthma. In the winter, in the District of Columbia, they are not present and hence play no part in any symptomatology which arises during the cold weather.

With the warm spring weather the trees are the first to pollenate. They begin to pollenate about 1 May and may last as late as 15 June. There may be a variation each year of as much as three weeks. The maximum concentration is around 15 May. The trees in the Military District of Washington which are most numerous and hence have the highest pollen concentrations are Oak, Elm Hickory and Beech. Their pollen concentration varies locally according to their number.

Overlapping the tree season and beginning about 15 May, the grasses begin to pollenate. They give off much more pollen than the trees and for this reason cause more severe symptoms. Their maximum concentration is reached in June and July and falls off gradually after 15 July and is almost absent by 15 August. Common grasses of the Military District of Washington area are Timothy, Plantain and Orchard Grass.

Ragweed starts pollenating about 15 August and lasts till frost. It reaches a peak around Labor Day and is present only in small quantities after 30 September. It is the commonest cause of hay fever and asthma because it is a prolific pollinator and the pollen is light and is carried long distances on light winds. The ragweed antigen itself is an unusually potent one, i.e., it causes symptoms more often in low concentration than do other pollens. The species common to the Military District of Washington are the giant and the short; the latter is most prevalent.

One other inhalant deserves special attention. House dust can frequently be shown to be the only factor causing allergic rhinitis. It is a perennial antigen. Those patients who are sensitive to house dust in addition to a pollen, may have mild symptoms perennially with severe exacerbations during the pollen seasons.

Since 1930, there has been more and increasing evidence of the presence of hypersensitivity to the products of the metabolism of certain bacteria which are common to the nose and throat. This concept has arisen through histopathological study of mucous membrane reaction to injections of extracts of these bacteria. Many of the theoretical considerations are yet to be worked out. Certainly the concept of bacterial hypersensitivity has added a useful tool in the treatment of chronic perennial vasomotor rhinitis. The winter season, with its increased upper respiratory disease incidence, is most troublesome for these patients. A warm dry climate is usually more comfortable.

Winter is the time to consider the seasonal importance of allergic disease because it is then that preseasonal hyposensitization is begun. A much greater degree of resistance can be established and maintained if preseasonal treatments are started well in advance. They should be well under way by 15 February. Coseasonal treatment is rarely necessary as it is possible to use antihistaminics on those individuals who present themselves during the season. Desensitization to the perennial inhalants is ordinarily started as soon as the diagnosis is made and one pays little attention to season in these cases.

RESTRICTED**VETERINARY SERVICE****ORGANIZATION OF VETERINARY SERVICE-MDW**

On the 1st of November 1948, all veterinary personnel in the Washington Area became a part of the Surgeon's Office, MDW. The administration of the Veterinary Detachment is carried on by the 7001 ASU, Headquarters, Military District of Washington. This change will improve the administrative control of the veterinary service and will allow more flexibility in operating the inspection service. Opportunity for a more varied experience in the different types of inspections will be provided, resulting in an improved training program.

Two officers and nine enlisted men furnish the veterinary service for the Washington Area of MDW. This includes all Class 3 inspections in the Military District of Washington and the subsequent inspections for all military organizations in this area with the exception of Class II installations. In addition, inspection of meats and dairy products required by the Department of the Navy are completed prior to delivery to Navy stations in the Potomac River Command for use on transports.

During the month of November 827,693 pounds of food were inspected by members of the Veterinary Department personnel, Office of the Surgeon, Military District of Washington assigned to this duty. Of the above total food examined, 762,126 pounds were passed under Class 3 inspection and 65,567 pounds were rejected as not meeting type, class or grade.

POUNDS MEAT AND MEAT FOOD AND DAIRY PRODUCTS INSPECTED NOVEMBER 1948
(Data obtained from WD AGO Form 8-134)

STATION	CLASS * 3	CLASS * 4	CLASS * 5	CLASS * 6	CLASS * 7	CLASS * 8	CLASS * 9	TOTAL
Fort Lesley J. McNair		55,121	90,956		146,077			303,122
Fort Belvoir, Virginia		425,801	205,648		462,604			1,143,968
Potomac Yards Distribution Point		347,510	134,304	473,927				955,741
Fort Myer, Virginia		168,895	154,228		328,815			658,305
Mil Dist/Washington Vet Det	311,947							311,947
US Navy	425,754							425,754
US Marines	24,425							24,425
The Pentagon								219,713
Total	762,126	997,327	585,136	473,927	937,496			4,042,975
Army Medical Center		191,441	41,958		2,310			461,449
Washington Quartermaster		119,004	82,228		7,143			414,061
Andrews Air Force Base		36,141	58,327		14,376			214,629
Bolling Air Force Base		131,845	128,629		19,352			544,659
Total		478,431	311,142		43,181			1,634,798
Grand Total	762,126	1,475,758	896,278	473,927	330,144			5,677,773
REJECTIONS:								
Mil Dist/Wash Vet Det								
Not type, class or grade	45,400							45,400
US Marines								
Not type, class or grade	20,167							20,167
Fort Lesley J. McNair								
Insanitary or Unsound		107						107
Bolling Field								
Insanitary or Unsound		277						277
TOTAL REJECTIONS	65,567	384						65,951

* Class 3 - Prior to Purchase

Class 4 - On delivery at Purchase

Class 5 - Any Receipt Except Purchase

Class 6 - Prior to Shipment

Class 7 - At Issue or Sale

Class 8 - Purchases by Post Exchanges, Clubs, Messes or Post Restaurants

Class 9 - Storage.

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DENTAL SERVICE

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DENTAL SERVICE - MONTH OF NOVEMBER 1948"

STATION	Offi- cers	Days of Duty	Sit- tings	Amal- gam	Oxy and Amal	Sili- cate	In- lays	Bridges	Bridge Repair	Crowns	Dentures			Extrac- tions	Calcu- lus Removed	X-Rays	Examin- ations
											Full	Par- tial	Re- pair				
Arlington Hall Station	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Fort Belvoir	5	139	2028	201	328	164	1	5	3	1	9	17	18	196	117	75	1227
Fort McNair	1	30	932	241	104	44	0	0	0	0	1	4	2	42	32	61	719
Fort Myer (North Post)	1	30	850	144	30	15	2	1	3	0	0	11	9	54	19	634	430
Fort Myer (South Post)	1	30	322	53	21	7	0	0	0	0	3	10	1	43	2	99	168
General Dispensary, USA	4	120*	2591	364	192	132	0	1	9	2	12	24	12	124	184	721	447
Vint Hill Farms Station	1	29	331	141	22	28	2	3	2	0	2	9	2	8	0	57	65
Total Mil Dist of Wash	13	378	7054	1144	697	390	5	10	17	3	27	75	44	467	354	1647	3056

* Includes 40 working days of 3 Civilian dentists not counted as officers.

DENTAL REPORTS

In order to insure uniformity and accuracy in the monthly report of the Dental Service (WD AGO Form 8-98) the following is published as a guide:

1. Examinations: When recorded on an authorized form, are also recorded as sittings. Example: If an examination is recorded on Form 88, credit would be taken for a sitting and examination. Dental surveys, where the classification is extended after a man's name, where the teeth are not recorded on an authorized form are not to be picked up as an examination or sitting. Each visit of a patient to a dental clinic for treatment is considered a sitting.

2. Admissions: Routine admissions are the number of cases admitted for treatment as routine procedure in the preservation of dental health. Emergency admissions are the number of cases that come to the dental clinic for the relief of pain and other intolerable conditions for whom dental treatment is imperative.

A case can be admitted but once. If a case is not completed during one calender month it is not recorded as an admission for the following month. If a case is discontinued, interrupted or postponed for an indefinite period and the patient later returns for further treatment it may be recorded as a new admission at the discretion of the dental officer concerned who will be governed by the elapsed time and the circumstances of the case.

3. Classification: (Section 4) The total number of each class will be shown in the block and will not be broken down as 1D, 1E, 2P etc.

4. Officer personnel and Civilian dentists on duty should be entered on a supplemental sheet, not under officer personnel section 5, with the name rating and the amount of time employed shown for Civilian dentists. In reporting officer personnel their category and the expiration date of the category should be included.

5. Under Summary: The number of dental officers assigned or attached will be reported as those on duty the last day of the month. The number of Civilian dentists will be reported separately under summary.

Under "total days of duty" the actual number of days the officers are present for duty will be recorded. Days of leave of absence, sick, detached service or otherwise absent will not be counted as days of duty. No notation should be made as "days not present for duty". Civilian dentists' days of duty will be recorded separately under "Civilian total days of duty" and the notation will be placed below the "total days of duty" on the form. Actual days for civilian dentists will be computed on the basis of an 8 hour day.

6. Under diagnosis: (Section 6) These should follow as nearly as possible the nomenclature in AR 40-1010. Temporary fillings will not be recorded as restorations but as a "tooth treatment of". Credit for prophylaxis will only be recorded when actually accomplished. Missing teeth replaced by bridges and partial dentures will be recorded under teeth missing but not those replaced by full dentures.

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REPORTS OF MEDICAL DEPARTMENT PERSONNEL

Attention is invited to Department of the Army 40-1005-7, dated 13 July 1948, Change 1 dated 27 July and Change 2 dated 1 December 1948, governing preparation of the monthly Report of Medical Department Personnel (Reports Control Symbol - MED 34).

The above regulation as changed requires that all experts and consultants as well as civilian medical and dental officers, nurses, and other Medical Department professional personnel employed under Civil Service regulations, be reported under "Remarks" indicating the number of full and/or part time employees in each category. All full time employees shown under "Remarks" will also be shown under Table I, Civilian Personnel. With the increased employment of civilian professional personnel to supplement the Army personnel in the medical activities of this command it is necessary that accurate entries must be made in reporting current strengths within these groups in order that this and higher headquarters may get a true picture of the personnel status of the Medical activities of the command. Any entry in the several sections of the report which could possibly result in erroneous interpretation of the reported figures should be fully explained in the "Remarks" section of the report.

OUTPATIENT SERVICE

Consolidated statistical data on the outpatient service, Military District of Washington, less Walter Reed General Hospital, and Class III installations for the four week period ending 26 November 1948, are indicated below:

ARMY:

Number of Outpatients..... 8,863
Number of Treatments.....13,596

NON ARMY:

Number of Outpatients..... 5,026
Number of Treatments.....15,848

NUMBER OF COMPLETE PHYSICAL EXAMINATIONS CONDUCTED..... 2,583

NUMBER OF VACCINATIONS AND IMMUNIZATIONS ADMINISTERED.. 5,910

HOSPITAL MESS ADMINISTRATION (Data from WD AGO Form 8-210)

STATION	August 48	September 48	October 48	November 48
FORT BELVOIR				
Income per Ration	\$ 1.267	\$ 1.275	\$ 1.237	\$ 1.187
Expense per Ration	1.249	1.265	1.289	1.276
Gain or Loss	+ 0.018	+ 0.010	- 0.052	- 0.090
FORT MYER				
Income per Ration	1.213	1.251	1.243	1.198
Expense per Ration	1.101	1.529	1.251	1.036
Gain or Loss	+ 0.112	- 0.278	- 0.008	+ 0.160

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ADMINISTRATIVE DIVISION

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Following is a list of publications which are of particular interest to the Medical Department:

DEPARTMENT OF THE ARMY CIRCULARS

Cir No.	Subject	Date
342	Organization of the Army, Changes to Department of the Army Circular 64, 1948	1 November 48
343	Army Regulations and Special Regulations	1 November 48
347	Withholding Income Tax	3 November 48
348	Serum Specimens for Standardization of Bacterial Antigens	4 November 48
349	Forwarding of Records to the Veteran's Administration	4 November 48
350	Forecast of Delay in Overseas Movement of Dependents	4 November 48
351	Transfer of Supply Responsibility for certain items of Medical Supply to Quartermaster	5 November 48
354	Use of Standard Forms 88, 89 and NME Form 93	
355	Personnel-Recruiting	10 November 48
358	Application by Medical Officers for Classification as Specialists	17 November 48
361	Streptomycin, 19M - Extension of Expiration date	
362	Verification of Statement of Service; in Army and Air Force Register	22 November 48
367	Establishment of Supply Classification Codes	26 November 48

DEPARTMENT OF THE ARMY MEMORANDA

Memo No.	Subject	Date
40-115-1	Enlistment and Induction Standards	5 November 48
735-5-10	Small Purchase Procedure	4 November 48

MILITARY DISTRICT OF WASHINGTON MEMORANDA

Memo No.	Subject	Date
66	Addresses of Units and Stations in Military District of Washington	19 November 48
67	"Off Limits"	24 November 48
69	Complaints to the Inspector General	30 November 48

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